AMEND
CHANGING CORRECTIONAL CULTURE

How to Release People from Prison to Achieve Public Health Goals during COVID-19: Recommended Principles and Practices*

April 13, 2020

Public health-focused decarceration

In the face of the COVID-19 epidemic, **reducing population density inside correctional facilities is an urgent first-line public health measure necessary to curb disease transmission.** The purpose of decarceration is to release as many people as possible to non-institutional (or at a minimum to non-overcrowded institutions) where they can practice social distancing and comply with shelter in place guidance while enabling better social distancing within the remaining population.

Decarceration should focus on groups of people who are immediately suitable for release:

- People of any age who have been granted pardon or parole
- People serving short terms for technical parole or probation violations (e.g. failed drug test)

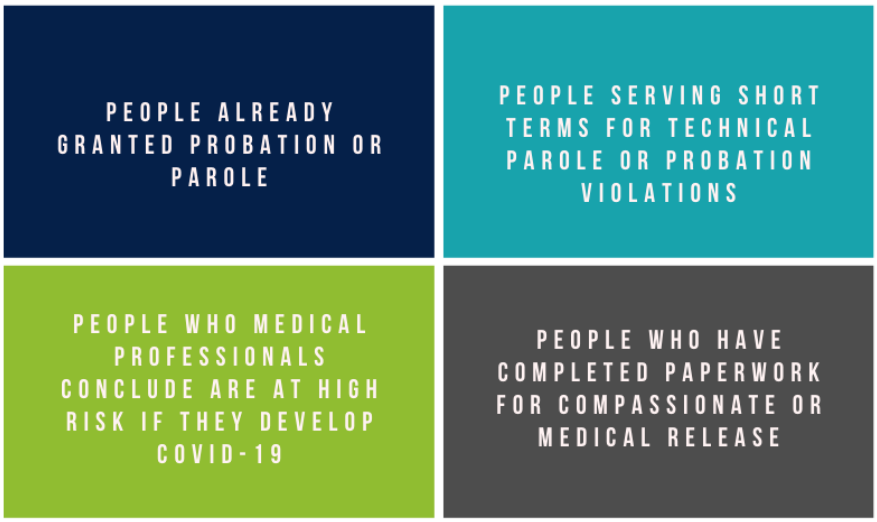
Decarceration should focus on those suitable for release because they pose little or no public safety risk and are at heightened risk for hospitalization and death, if infected with COVID-19:

- People of any age who have completed paperwork for compassionate or medical release

Decarceration should focus on people identified by medical professionals who have or will have a particularly poor prognosis if they develop COVID-19 (prioritizing by age and chronic conditions)

  - **Age** is strongest predictor of hospitalization, ICU use, and death from COVID-19. Prioritize those age 80 or older first, then those 70 or older, then 60 or older, and then 50 or older
  - **Chronic Conditions**, including cardiovascular or respiratory disease, diabetes, cerebrovascular disease and others, are predictors of poor outcomes with COVID-19

Public-Health Focused Decarceration during COVID-19 should Prioritize Four Groups of People:



Foundational principles to guide public health-focused decarceration during the COVID-19 epidemic

Release policies during the COVID-19 pandemic should meet the public health goal of decarceration: to minimize COVID-19 spread by reducing risk in jails and prisons (*see Appendix for guidance*)

(1) **For those with housing, release immediately -** do NOT require quarantine prior to release

(2) **Ensure that people being released have adequate housing (including halfway houses) to self-quarantine as needed or shelter-in-place according to local public health guidance**

(3) **Do not use lack of suitable housing to exclude people from release;** instead call on local communities and deploy intensive discharge planning resources according to need

(4) **Provide critical patient education and personal hygiene supplies before released,** including instruction to self-quarantine for 14-days and information on how to do so correctly and safely

(5) **Provide connections to vital health and socioeconomic resources**; increase the amount of medication (~90 days) provided and accelerate enrollment in insurance

(6) **Emphasize availability of community mental health crisis and substance use support resources**

(7) **Suspend all non-essential, in-office probation or parole requirements, including routine drug tests,** for as long as social distancing and/or shelter-in-place mandates are in place

(8) **Do not re-incarcerate people for technical violations or crimes that pose no immediate threat to public safety**

These foundational principles will allow for the safe release of incarcerated people to achieve a critical public health goal during the COVID-19 epidemic: reduce disease transmission inside correctional facilities, acknowledging that the spread of COVID-19 inside jails and prisons will have catastrophic consequences for the health of families and communities connected to these institutions and all those relying on scarcer community health care resources in the current high-risk environment.

*** More detailed guidance on each of these principles is provided in an Appendix below.** For additional information, see *Protecting decarcerated populations in the era of COVID-19: Priorities for emergency discharge planning* at Health Affairs Blog, published April 13, 2020.

*** Correctional health care providers can find a webinar providing guidance for assessing prognosis** in the setting of COVID-19 at our website: https://amend.us/covid.

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Amend at UCSF fundamentally transforms culture inside prisons and jails to reduce their debilitating health effects. We provide a multi-year immersive program drawing on public health-oriented correctional practices from Norway and elsewhere to inspire changes in correctional cultures and create environments that can improve the health of people living and working in American correctional facilities.

Amend is currently focused on providing resources, expertise, and support to correctional systems confronting the global COVID-19 pandemic.

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Public Health Focused Decarceration

Appendix: Recommendations to achieve foundational principles for safe release to ensure that decarceration achieves public health goals during the COVID-19 pandemic

(1) **For those with housing, release immediately.** Do NOT require a 14-day in-cell quarantine prior to release. Quarantining in prison is unnecessary and ineffective. Community spread of COVID-19 has already been established, which means that release of a person with COVID-19 from custody will not introduce the infection into the community. Rather, 14-day quarantine in an institutional setting is more likely to produce new infections than is quarantine in the community. Community self-quarantine, or compliance with community-based shelter-in-place protocols, entails exposure to a small number of co-habitants, typically family members. Incarcerated people under quarantine are likely to interact with multiple custody and clinical staff members for food, showers, yard time, and medical needs. Finally, current community standard care for people with suspected or laboratory-confirmed COVID-19 who are not sick enough to be hospitalized is to self-quarantine at home and avoid using limited healthcare resources unless required by worsening illness. The standard of care for incarcerated people who are ready for release should be the same.

(2) People being released should have **sufficient post-release housing to allow them to self-quarantine as needed or shelter-in-place according to local public health guidance**. Under normal circumstances, some incarcerated people are released to homelessness or to overcrowded transitional housing facilities or shelters. Even without a public health emergency, release to homelessness or overcrowded facilities (such as halfway houses) is inadequate, but at this time it is especially dangerous. To minimize the risk of transmission of COVID-19, people should be released to homes or housing facilities/halfway houses with the space and resources required to comply with local mandates around social distancing from other residents. Discharge plannersreentry services should confirm that people being released understand local shelter-in-place mandates so that they are prepared to comply. People who are immunocompromised and/or older adults should be given specific instructions about type and length of self-quarantine as would be advised in the community.

(3) **Lack of established housing should NOT exclude someone from release.** Rather, facilities should prioritize (and invest in where needed) intensive discharge planning focused on housing services. Correctional staff, community supervision personnel, and community service providers should work together to identify housing alternatives. In instances where reentry housing facilities require residents to meet specific criteria such as having a history of substance use disorder, these requirements should be lifted. Transitional housing facilities should also move any group programming to remote learning (e.g. virtually or by phone) and cease activities that cannot support social distancing. Where possible, public health and housing authorities should work together with the private sector to utilize hotels and other vacant living spaces that provide a safe environment where it is feasible to shelter in place, access food, and adhere to social distancing during the COVID-19 pandemic.

(4) **Provide critical patient education and personal hygiene supplies to all people being released.** First, **people should be provided with the information they need to effectively shelter-in-place upon release**. This will prevent the potential spread of COVID-19 into the community and protect the

person from further exposure. To the extent possible, they should self-quarantine for 14 days as they are entering a new environment. Again, quarantining in this setting will be significantly safer for individuals and for the community than imposing a quarantine in a correctional facility. Even if a recently released person is not experiencing symptoms, they should proceed under the assumption that they could be an asymptomatic carrier of COVID-19. Guidance on how to safeguard the health of their co-habitants (keeping distance, regular handwashing, etc) is also critical. **All people who are released should be provided with a kit** that contains anti-bacterial soap, gloves, hand sanitizer, and a cloth face covering. This kit should also provide accessible CDC or state health brochures with instructions on how to comply with shelter in place, social distancing, personal hygiene, proper mask use, and other health practices that mitigate risk of exposure as well as clear instructions on what to do if they experience symptoms of COVID-19.

(5) People re-entering their communities should be connected to vital community services, ideally prior to release. People requiring medication should be provided with a **90-day supply** at the time of release. Discharge planners should expedite efforts to re-instate or newly enroll all eligible people in Medicaid, MediCare, or Social Security Disability Insurance, or local VA services for those eligible. Access to nutritional benefits, economic assistance, and other benefits such as the FCC's Lifeline Program (often referred to as the "Obama Phone") should also be provided as they would for a typical release. State governments should remove any legal barriers that exclude people from eligibility for financial or medical care based on their criminal record.

(6) Emphasize mental health crisis and substance use support resources. Re-entry is challenging at any time, but the stress, uncertainty, and fear that characterize typical re-entry are compounded by the nature of this pandemic and the potential of COVID-19 exposure. Especially given these stressors, discharge planning should include referrals to mental health care and service providers, including resources for crisis support. People with prior histories of substance use should be made aware of virtual resources like SAMHSA's national helpline. Community supervision agents should be aware of the increased potential for stress-related relapse, both as it pertains to potential violation of supervision conditions (requiring non-traditional, non-punitive responses as described above) and because of associated heath risks, including overdose.

(7) Probation and parole agencies should suspend all non-essential, in-person office visits, including routine drug tests for as long as shelter-in-place mandates are in place. Check-ins should be conducted virtually or by phone and mandated programming should either be conducted remotely, postponed, or waived. If an in-person visit is absolutely necessary, the visit should be to mitigate the risk for all (e.g. without requiring use of public transit, collective waiting in lobbies, etc).

(8) Do not re-incarcerated people for technical violations. Many conditions of probation or parole should be adjusted or waived. If a probation or parole officer learns that their supervisee has broken their remaining conditions, traditional responses to violation (e.g. arrest, detainment, or reincarceration) would only risk further transmission of COVID-19; instead, the agent should be prepared with alternative treatment-oriented responses in the event of condition violation. We also recommend that all community corrections agencies terminate or freeze any probation and parole fees to alleviate financial burdens and reduce risk that a person breaks social distancing to earn money.